

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin-top: 20px; font-size: small;">(to be used for all correspondence after initial filing)</p>	Attorney Docket No.	10003924-1 (8770/75)
	Application Number	09/847,765
	Filing Date	MAY 1, 2001
	First Named Inventor	GREG CARLSON
	Group Art Unit	2616
	Examiner	PHAM, BRENDA

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> <b>Response to Office Action Dated December 12, 2006</b>  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> <b>Two-Month Petition for Extension of Time Request</b>  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement, PTO-1449  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers  <input type="checkbox"/> Drawing Sheets:  <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Combined Declaration and Power of Attorney  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Notice of Appeal  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Post Card Receipt  <input type="checkbox"/> Additional Enclosure(s) (please identify below):  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-3718</u> . A duplicate copy of this sheet is enclosed.  <input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-3718</u> . A duplicate copy of this sheet is enclosed.

### CALCULATION OF FEE

					Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$25=	0	x \$50=	
Indep.		Minus		0	x \$100=	0	x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=	---	+\$360=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/	Date	June 6, 2007
CERTIFICATE OF ELECTRONIC SUBMISSION			
I hereby certify that this correspondence is being submitted electronically to the U.S. Patent and Trademark Office on this date:			
			June 6, 2007
Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)		Date: June 6, 2007